MAXIMUS Federal Services

Case Number:	CM13-0037040		
Date Assigned:	12/13/2013	Date of Injury:	11/01/1993
Decision Date:	02/19/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 57 year old male who is status post work-related injury on 11/1/93 with continued chronic low back pain and right knee pain. Per documentation by [redacted] on 7/31/13 he states that "The patient has undergone multiple surgeries about the right knee due to his industrial injuries." The 8/21/13 office note from [redacted] reveals that the patient has been diagnosed with a relatively rare, but still well-recognized complication following his right knee surgery. At this time it is vital that we perform a decompression of the right peroneal nerve. We are therefore requesting authorization to proceed with the surgery." There is an electrodiagnostic consultation and report dated August 8. 2013. The study shows sensory demyelinating axonal poly peripheral neuropathy by electrodiagnostic criteria. The study also shows a right chronic L5 denervation by electrodiagnostic criteria. The documentation from 11/13/13 reveals: "He states that he has sharp pain in the bilateral knees. He complains of pain in the lumbar spine that radiates down into the legs. He reports that he uses that TENS UNIT which does give him some pain relief for about 15 to 20 minutes then pain returns. On a scale from 1-10, 10 being the worst, he states his pain level is an 8. There were no physical exam findings on this date. The plan on this date was to receive his first out of 5 series of Hyalgan injections to the left knee using ultrasound guidance for needle placement. He is recommended to apply ice to help with symptoms and is to return in one week for his second Hyalgan injection. The 10/2/13 documentation reveals: x-rays were taken of the bilateral knees and bilateral tibia show no increase of osteoarthritis. X-rays of the lumbar spine show degenerative disc disease. The 9/24/13 physical exam reveals that the patient is well developed and well nourished. The patient is alert and oriented. His mood and affect are normal. The patient is in no acute distress and has good hygiene. Lu

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG and the Medical Treatment Utilization Schedule.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Section Page(s): 114-117.

Decision rationale: The TENS Unit purchase is not medically necessary per MTUS guidelines. Guidelines recommend a one month home based trial if used as an adjunct to a program of evidence based functional restoration. Additionally documentation submitted is not clear on what TENS is being used for. Furthermore, there is documentation that patient has tried TENS unit and pain relief was very short lived. There is no evidence that patient is participating in a program of functional restoration.